

UNITED STATES DISTRICT COURT  
for the  
Northern District of California

SOPHIA WONG, \_\_\_\_\_  
Plaintiff  
v.  
MICHAEL J. ASTRUE, et al. \_\_\_\_\_  
Defendant

)  
)  
) Civil Action No. CV 08-02432 SBA  
)  
)

**Summons in a Civil Action**

To: (*Defendant's name and address*)

**\*\*\*SEE SEPARATE ATTACHMENT\*\*\***

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Sophia Wong  
1230 Market Street, #731  
San Francisco, CA 94102

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*Richard W. Wieking*

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Name of clerk of court  
**JESSIE MOSLEY**

Date: 07/22/2008

---

Deputy clerk's signature

## **Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on \_\_\_\_\_, by:

- (1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_  
\_\_\_\_\_  
; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_  
; or

(4) returning the summons unexecuted to the court clerk on \_\_\_\_\_; or

(5) other (specify) \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ **0.00** .

Date: \_\_\_\_\_ Server's signature \_\_\_\_\_

Server's signature

**Printed name and title**

## Server's address

**SERVICE LISTING CONT'D:** C-08-2432-SBA Wong-v-Astrue, et al.

**Conrad House, Inc.**

Social Security Administration Affiliate Member of Representative Payment Program  
1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Richard Heasley**

1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Mark L. Bennett**

1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Seth Katzmann**

1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Carol Kassler**

1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Carol Vullmahn**

1385 Mission Street, Suite 200  
San Francisco, CA 94103

**Mirian Saez**

Interim Director,  
San Francisco Public Housing Authority  
440 Turk Street  
San Francisco, CA 94102

**Supervisor of Conrad House, Inc.**

160 Ninth Street  
San Francisco, CA 94103

**Director, South of Market Mental Health Clinic, The**

760 Harrison Street  
San Francisco, CA 94107

**Director, Adult Protective Services of the City and County of San Francisco, The**

875 Stevenson Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94102

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Richard Heasley**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**1385 Mission Street, Suite 200, San Francisco, CA 94103**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
<input type="checkbox"/> Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	[REDACTED]

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):**

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____		_____

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date      Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or ( <i>Amount of Refund*</i> )
					<b>\$0.00</b>

REMARKS:

**PRINT 5 COPIES:** 1. CLERK OF THE COURT

2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Mark L. Bennett**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1385 Mission Street, Suite 200, San Francisco, CA 94103

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Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	[REDACTED]

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Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

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Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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United States Marshals Service

## PROCESS RECEIPT AND RETURN

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PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Seth Katzmann**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1385 Mission Street, Suite 200, San Francisco, CA 94103

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Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	[REDACTED]

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Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Carol Kassler**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**1385 Mission Street, Suite 200, San Francisco, CA 94103**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
<input type="checkbox"/> Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	<input type="checkbox"/>

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):**

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Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

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Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

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PRIOR EDITIONS MAY BE USED

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Carol Vullmahn**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1385 Mission Street, Suite 200, San Francisco, CA 94103

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	[REDACTED]

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold \_\_\_\_\_

Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

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Address ( <i>complete only different than shown above</i> )	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Mirian Saez, Interim Director of San Francisco Public Housing Authority**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**440 Turk Street, San Francisco, CA 94102**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	[REDACTED]

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

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Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address ( <i>complete only different than shown above</i> )	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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REMARKS:

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2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Supervisor of Conrad House, Inc.,**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**160 Ninth Street, San Francisco, CA 94107**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>4</b>
Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case <b>13</b>
	Check for service on U.S.A. [Redacted]

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold \_\_\_\_\_

Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<b>510-637-3536</b>	<b>7/22/08</b>

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REMARKS:

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**U.S. Department of Justice**  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Director, South of Market Mental Health Clinic, The**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**760 Harrison Street, San Francisco, CA 94107**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>4</b>
Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case <b>13</b>
	Check for service on U.S.A. [REDACTED]

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Fold \_\_\_\_\_

Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<b>510-637-3536</b>	<b>7/22/08</b>

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3. NOTICE OF SERVICE

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United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>SOPHIA WONG</b>	COURT CASE NUMBER <b>C-08-2432-SBA</b>
DEFENDANT <b>MICHAEL J. ASTRUE</b>	TYPE OF PROCESS <b>Sum., Comp., &amp; Orders</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Director, Adult Protective Services of the City and County of San Francisco, The**  
**ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**  
**875 Stevenson Street, 3rd Floor, San Francisco, CA 94102**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
<input type="checkbox"/> Sophia Wong 1230 Market Street, #731 San Francisco, CA 94102	Number of parties to be served in this case	13
	Check for service on U.S.A.	<input type="checkbox"/>

**SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):**

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	510-637-3536	7/22/08

### **SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____		_____

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date                          Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

**PRINT 5 COPIES:** 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

## **INSTRUCTIONS FOR SERVICE OF PROCESS BY U.S. MARSHAL**

Please type or print legibly, insuring readability of all copies. DO NOT DETACH ANY COPIES. Submit one complete set of this form (USM-285) and one copy of each writ for each individual, company, corporation, etc., to be served or property to be seized or condemned. The applicable fees for such service(s) (T28, USC Sec. 1921 establishes the fees for service of process by the U.S. Marshal) may be required prior to said service.

For service of any process upon an officer or agent of the United States Government, submit a copy of the writ and a set of Form USM-285 for each officer or agent upon whom service is desired. Submit three (3) additional copies of the writs for service upon the Government of the United States. The U.S. Marshal will serve one (1) upon the U.S. Attorney and will forward two (2) to the Attorney General of the United States. (When the applicable box is checked, completion of the final signature block by the U.S. Marshal or his Deputy always certifies service on the U.S. Attorney and the Attorney General, regardless of whether other defendants on the writ were served.) Failure to provide any of the copies will delay service of the writ.

Complete all entries above the double line. Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the U.S. Marshal in expediting service.

If more than one writ and USM-285 is submitted on a single case, the U.S. Marshal will receipt for all of them on the first USM-285. You will receive for your records the last (No. 5) "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the writ is served, you will receive the No. 3 Notice of Service copy. This copy will be identical to the return to the Clerk of the Court.

Upon completion of all services (if the Marshals fees were not requested or tendered in advance or if additional fees are indicated), you will receive a "Billing Statement" (copy 4 of USM-285) from the United States Marshal. (NOTE: Copy 4 should be returned, by you, to the U.S. Marshal, together with your payment of the amount owed.

Additional supplies of the USM-285 may be obtained from the Clerk of the U.S. District Court or U.S. Marshal, without cost.